

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/508793

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|---|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 1 | | ↓ | | ↓ | | ↓ | | | | | | |
| TOTAL DEP. | 2 | | ← | | ← | | ← | | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | 3 | | | | | | | ← | | ← | | ← | |

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PTO-1459 (REV. 5-93)